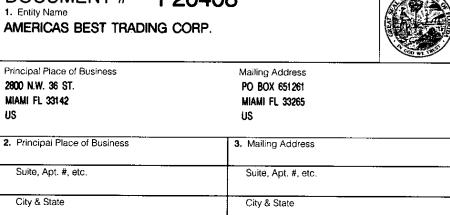
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F20408



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90061 010 ***158.75

Principal Pla										
2800 N.W. 36 MIAMI FL 33 US		s	PO E	ng Address 30X 651261 II FL 33265						
2. Principal I	Place of Busin	ness	3. Ma	3. Mailing Address						
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			. FEI Number 59-2074515			pplied For ot Applicable
Zip		Country	Žip		Country	5.	. Certificate of Status Desired		8.75 Ad	Iditional
6. Name and Address of Current Registered Agent						7.	. Name and Address of New R	legistered A	gent	
					Name					
RODRIGUEZ, OSCAR 300 SEVILLA AVE				Street Ac		ress (P.O.	ess (P.O. Box Number is Not Acceptable)			
	ABLES FL 3	33134								
					City			FL	Zip Cod	de
8. The above	named entity	submits this stat	tement for the purp	ose of changing its	registered office or re	egistered a	agent, or both, in the State of Flo	orida. I am fa	miliar with,	and accept
the obliga	tions of regist	erea agent.								
SIGNATURE		or printed name of regis	tered agent and title if app	licable (NOTE	: Registered Agent signature	required when	a rainetation)	DATE		
F	ILE NOW!!	! FEE IS \$150	000							
Afte	r May 1, 200	3 Fee will be \$ Florida Depart	550.00				Election Campaign Fin Trust Fund Contribution			00 May Be d to Fees
Afte	r May 1, 200	3 Fee will be \$ Florida Depart	550.00	RS	11.	Α		n. 🗆	Added	d to Fees
Afte Make Checi 10.	r May 1, 200 k Payable to	3 Fee will be \$ Florida Depart OFFICE	550.00 tment of State	RS Delete	TITLE	Α	Trust Fund Contribution	n. ICERS AND E	Added	d to Fees
Afte Make Checl	PVPS DIAZ, JOS 14267 SW	3 Fee will be \$ Florida Depart OFFICE E A 21 TERR	550.00 tment of State			Α	Trust Fund Contribution	n. ICERS AND E	Added	d to Fees
Afte Make Checl 10. ITLE HAME STREET ADDRESS CITY-ST-ZIP ITLE HAME STREET ADDRESS	PVPS DIAZ, JOS	3 Fee will be \$ Florida Depart OFFICE E A 21 TERR	550.00 tment of State		TITLE NAME STREET ADDRESS	Α	Trust Fund Contribution	n. ICERS AND E	Added	d to Fees
Afte Make Check 10. TITLE HAME STREET ADDRESS	PVPS DIAZ, JOS 14267 SW	3 Fee will be \$ Florida Depart OFFICE E A 21 TERR	550.00 tment of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	A	Trust Fund Contribution	n. ICERS AND I	Added DIRECTOR Change Change	d to Fees S IN 11 Addition Addition
Afte Make Checl 10. ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS DIAZ, JOS 14267 SW	3 Fee will be \$ Florida Depart OFFICE E A 21 TERR	550.00 tment of State	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	Trust Fund Contribution	n. ICERS AND I	Added DIRECTOR Change Change	S IN 11 Addition
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: